

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

RECEIVED
 JUN 28 2005
 DEPARTMENT OF WATER RESOURCES

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
 Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
25-07408					

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s) James and Margaret MONCUR
P.O. Box 45 Ririe, ID 83443-0045
4. New Owner/Claimant(s) James Blair MONCUR
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address P.O. Box 301
 City, State and ZIP Code Ririe, ID 83443-0301
 New Telephone Number (208) 538-7905 (H) 208-526-9671 (W)
5. Date you acquired the property 22 June 2005

CONTRACT OF SALE

I, James Grant MONCUR, of P.O. Box 45 Ririe, Idaho sell to my son James Blair MONCUR of P.O. Box 301 Ririe Idaho, for the amount of \$1.00 the Water Right License listed below.

Water Right License Number: 25-07408

Rate of Diversion: 0.04 CFS

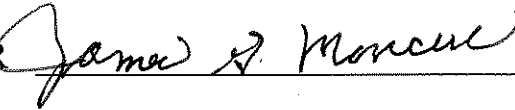
Annual Volume: 0.5 AF

Place of Use: Stockwater

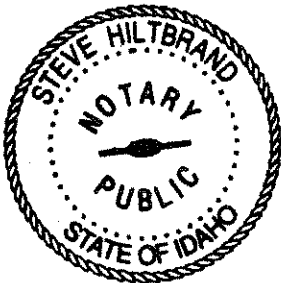
Location of point(s) of Diversion: NENWSE of Section 29, Township 03 North, Range 41 East in Bonneville County, Idaho.

This Contract of Sale authorizes the State of Idaho, Department of Water Resources to change the ownership of the above Water Right License (25-07408) to My son: James Blair MONCUR

James Grant MONCUR

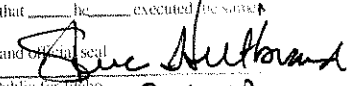


Dated: June 22 - 05



STATE OF IDAHO
COUNTY OF JEFFERSON
On this 22 day of June, in the year 2005
before me a Notary Public in and for the said State, personally
appeared James G. Moncur
known or identified to me to be the person whose
name is is/are subscribed to the within instrument, and
acknowledged to me that he executed the same.

WITNESS my hand and official seal


Notary Public for Idaho
Residing at Idaho Falls, ID
My Comm. Expires 4-9-2010

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
CERTIFICATE OF DEATH

Date Filed OCTOBER 17, 2003

State File No. 2003-07654

DECEDENT - LEGAL NAME MARGARET ANN MONCUR			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 74 YEARS	DATE OF BIRTH AUGUST 29, 1929
BIRTHPLACE BLACKFOOT, IDAHO		PLACE OF RESIDENCE RIRIE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) JAMES GRANT MONCUR	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JAMES SKELTON BLAIR			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME MARY IDAHO RILEY			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE GLEN W. BENNETT	
NAME AND ADDRESS OF FUNERAL FACILITY ECKERSELL MEMORIAL CHAPEL, RIGBY, IDAHO			
DATE OF DEATH OCT. 03, 2003	TIME OF DEATH 6:00 A.M.	CITY, TOWN OR LOCATION OF DEATH IDAHO FALLS, IDAHO	COUNTY OF DEATH BONNEVILLE
CAUSE OF DEATH (underlying cause last) a. CORONARY ARTERY DISEASE WITH INFARCTION			Approximate Interval Between Onset and Death 1 HOUR
b. DUE TO (or as a consequence of): TYPE 1 DIABETES MELLITUS			20 YEARS
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER JOHN E. LILJENQUIST, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

AMENDED 10/30/2003

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: OCTOBER 30, 2003

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE